

SUBMISSION FORM FOR POTENTIAL NATIONAL CMAC AGENDA ITEM

In order for an item of interest or concern to appear on any given Agenda, this form must be completed and supporting documentation must be included.

Please submit your form before September 24, 2010

It must be noted that if for some reason, the deadline is not met or the number of agenda items submitted surpasses the allotted meeting time, the items may be deferred to the next CMAC meeting.

Proposed Agenda Item:

Proposed Agenda Item to Appear on the Following Agenda(s):

- | | |
|--|---|
| <input type="checkbox"/> Air Emissions Working Group | <input type="checkbox"/> Ballast Water Working Group |
| <input type="checkbox"/> Construction and Equipment Standing Committee | <input type="checkbox"/> Domestic Vessel Regulatory Oversight Working Group |
| <input type="checkbox"/> Environment Standing Committee | <input type="checkbox"/> Fishing Vessel Safety Certification and Training Working Group |
| <input type="checkbox"/> Fishing Vessel Safety Regulatory Issues Working Group | <input type="checkbox"/> Fishing Vessel Safety Standing Committee |
| <input type="checkbox"/> Life Saving Appliances Regulations Consultation Session | <input type="checkbox"/> Marine Policy Ad Hoc Working Group |
| <input type="checkbox"/> Marine Security Standing Committee | <input type="checkbox"/> Navigable Waters Protection Program Working Group |
| <input type="checkbox"/> Navigation and Operations Standing Committee | <input type="checkbox"/> North American Lifejacket Standards Working Group |
| <input type="checkbox"/> Personnel Standing Committee | <input type="checkbox"/> Pyrotechnics Working Group |
| <input type="checkbox"/> Recreational Boating Standing Committee | <input type="checkbox"/> Pleasure Craft Construction Working Group |
| <input type="checkbox"/> Tug and Barge Working Group | |

Give Reason(s) for Proposing the Agenda Item:

Number of Attachment(s) Addressing the Proposed Agenda Item:

Submitted By:

Surname: _____

First Name : _____

Company Name/Organization: _____

Mailing Address: _____

Tel.: _____

Fax: _____

E-mail: _____

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